

February 27, 2013

CERTIFIED MAIL 7007 1490 0003 4207 8888

Enedina Gonzalez
Annas Home
335 NE Spruce Wood Pl
College Place, WA 99324

Adult Family Home License # 596901

IMPOSITION OF CIVIL FINE
LIFT STOP PLACMENT ORDER PROHIBITING ADMISSIONS

Dear Ms. Gonzalez:

This letter constitutes formal notice of the imposition of a civil fine and lift stop placement order prohibiting admissions for your adult family home, located at **335 NE Spruce Wood Pl, College Place**, by the State of Washington, Department of Social and Health Services. This action is taken under the authority granted in RCW 70.128.160, chapter 43.20A RCW and 388-76-10940.

The civil fine is based on the following violations of the RCW and/or WAC found by the department in your adult family home. These and other deficiencies are more fully described in the attached Statement of Deficiencies report completed by the department on February 15, 2013.

WAC 388-76-10400(3)(b)(c) Care and services

\$500.00

The facility failed to ensure an environment that supported the safety of residents in the home when one resident's individual preferences had the potential for endangering the health and safety of the other residents in the home

WAC 388-76-10430(1) Medication system. **\$500.00 per resident x 3 residents = \$1,500.00**

The facility failed to ensure that there were systems in place to meet the medication needs of each resident and meet all laws and rules relating to medications when three residents were allowed to store and administer medications independently.

WAC 388-76-10750(1)(3) Safety and maintenance

\$500.00

The facility failed to keep the home in good repair with a safe, comfortable and sanitary environment that provided clean, functioning and safe household items and furnishings to meet the needs of each resident.

The stop placement was imposed on February 14, 2013 pending completion of the investigation, and is being lifted on February 27, 2013 as the investigation is completed.

You may contest the civil fine by requesting an administrative hearing. The Office of Administrative Hearings must receive your written request for a hearing within twenty-eight (28) calendar days following receipt of this letter. A copy of this letter and a copy of the enclosed Statement of Deficiencies must be included with your request. Send your request to:

Office of Administrative Hearings
PO Box 42489
Olympia, Washington 98504-2489

If no hearing is requested, the fine is due twenty-eight (28) calendar days after receipt of this notice. Please remit a check for **\$2,500.00** payable to the Department of Social and Health Services. The check should be sent to:

DSHS Office of Financial Recovery
PO Box 9501
Olympia, Washington 98507-9501

If payment has not been received within twenty-eight (28) days after receipt of this notice, interest will begin to accrue on the balance at the rate of one percent per month. If you do not submit a hearing request or make payment within twenty-eight (28) days, the balance due the department will be recovered.

As provided in RCW 70.128, you may request an informal dispute resolution review of enforcement actions initiated in response to a Statement of Deficiencies report. During the informal dispute resolution process you also have the right to present written evidence refuting this action. A request for informal dispute resolution review will not change the deadline for you to request an administrative hearing. Informal dispute resolution review by the department is not binding in an administrative hearing.

To request an informal dispute resolution review, send your written request to:

Informal Dispute Resolution Program Manager
Aging and Disability Services Administration
PO Box 45600
Olympia, Washington 98504-5600
Fax (360) 725-2645

The written request should:

- Identify the citation and/or enforcement action that is disputed;
- Explain why the home is disputing the action;
- Indicate the type of dispute resolution process you prefer (direct meeting, telephone conference or documentation review); and
- Be sent within 10 working days of your receipt of this notice.

Plan of Correction/Attestation

You must:

Return the plan/attestation, on the enclosed report, within **10 calendar days** after you receive this letter. Include the following in you plan for each deficiency:

- The date you have or will correct each deficiency; and
- Provide a signature and date certifying that you have or will take corrective measures to correct each cited deficiency. Send your Plan of Correction to:

Jo Whitney, Field Manager
District 1, Unit C
3611 River road, Suite 200
Yakima, WA 98902
Phone: (509) 225-2823 / Fax: (509) 574-5597

If you have any questions, please contact Jo Whitney at (509) 225-2823.

Sincerely,

Lori Melchiori, Ph.D.
Assistant Director
Residential Care Services

Enclosure

cc: Robert Ogolsky, Compliance Specialist
Field Manager, District 1, Unit C
RCS District Administrator, District 1
HCS Regional Administrator, Region 1
DDD Regional Administrator, Region 1
WA LTC Ombudsman
Area Agency on Aging, AAA- SE
Office of Financial Recovery, Vendor Program Unit
Medicaid Fraud Control Unit
Judi Plesha, HCS

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